



FORM  
GD1  
(Rev. 5/2012)



# HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

*(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due by June 30)*

'12 JUL -2 P12 :35

STATE OF HAWAII  
STATE ETHICS COMMISSION

### FILER

Herkes	Robert	N
Last Name	First Name	M.I.
Hawaii State Legislature		Representative
State Agency		State Position

### CONTACT INFORMATION

Hawaii State Capitol

415 South Beretania Street Room 320

Number and Street or P.O. Box

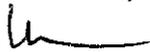
Honolulu	HI	96813
City	State	Zip Code
586-8400	repherkes@capitol.hawaii.gov	
Telephone	Extension	Email Address

### GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: I have nothing to report during this filing period. Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
2. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
3. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
4. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
5. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_

Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

  
Signature

July 2, 2012  
Date

REC'D BY HAND DELIVERY